

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 13 AM 8:34

DOCUMENT # L06000094250

1. Limited Liability Company's Name

Kohler Contracting, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
402 North 6th Street

Suite, Apt. #, etc.

City & State

Palatka

Zip

32177

Country

USA

3. Mailing Office Address

402 North 6th Street

Suite, Apt. #, etc.

City & State

Palatka

Zip

32177

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida 1993

6. FEI Number  
51-0608547

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael S. Kohler, Jr.

Street Address (P.O. Box Number is Not Acceptable)

402 N 6th St.

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

700158367717  
07/10/09 01056-001 \*\*\*417.00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael S. Kohler, Jr	402 North 6th Street	Palatka/FL/32177

REINSTATEMENT

WJH 07-09  
- Lull

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 07/07/2009

Daytime Phone# 386-937-0092

Typed or printed name of signing Managing Member/Manager Michael S. Kohler, Jr.

B. Tuck AUG 14 2009